

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name				Telephone Number	Date of Inspection PERMIT #		
Fist	ful o	+=	Facos	812-207-3474	(mm/dd/yr)		
Establishment Address (number and street, city, state, zip code)				Old Control	6-1	-19	19 100
2703 Paoli Pike, Floyds Knobs IN 47119							11-106
Dereck Washburn				Purpose;	Follow-up Release Date		
Owner's Address				1. Routine	1		
2708	Paoli	P	ko.	2. Follow-up	Summary of Violations:		
Person in C	harge		THE RESERVE OF THE PARTY OF THE	3. Complaint	c / NEO R		
Boo	d To	SCI	Kol	4. Pre-Operational	C_ZNCEN		
Responsible	Person's	E-ma	il	5. Temporary 6. HACCP	Menu Typ	pe <i>(See back</i>	of page)
				7. Other (list)		N	20 900
Certified Fo	ood Manag	er Ta {	Lburn 8/29/21		12	3	_45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative			CANADA DE LA CANADA DA CANADA DE LA CANADA DEL CANADA DE LA CANADA DEL CANADA DE LA	orrected By
			* Measured the food tempera	ature cooler a	+650		
	the establishest must disrard the food at 60m						
	the establisment must discard the food at 6pm and replace with fresh feodor close the						
	establishment A						
	C/14DI/INTERVI D						
			p 22				
							with the state of
			T 0 10 10 00 -				
			I realized after I				
			left I should have				
			the Lanton from A				
			written the mop.				
			for 259				
Received by (name and title printed): Inspected by (name and title printed):							
Received by (signature): Inspected by (signature):							
Aby My Just							
cc: cc: cc:							
]				